

West Nile Virus Disease

Guidelines for local health jurisidictions --- case reporting and laboratory testing

- 1. Use the DOH "West Nile Virus Case Report Form" to obtain the initial clinical and exposure information (see www.doh.wa.gov/notify/forms/wnv.doc)
 - Call a DOH epidemiologist (206.361.2914/877.539.4344) to discuss the case and receive approval for testing before submitting samples to the Public Health Laboratories (PHL).
 - Fax form to DOH Communicable Disease Epidemiology Section 206.361.2930
- 2. Screen suspected cases for testing at the DOH PHL those meeting the criteria listed below in #3 are eligible for confirmatory testing at PHL
- 3. Report to DOH all cases meeting the following criteria:
 - WNV neuroinvasive disease:
 - o Fever in the absence of a more likely clinical explanation in a patient with at least one of the following:
 - Acute change in mental status (e.g., disorientation, obtundation, stupor, or coma), or
 - Other acute central or peripheral neurological dysfunction (e.g., paresis or paralysis, nerve palsies, sensory deficits, abnormal reflexes, seizures, or movement disorders), or
 - Cerebrospinal fluid pleocytosis with an illness compatible with meningitis
 - WNV non-neuroinvasive disease with commercial laboratory evidence of WNV infection:*
 - o Documented fever (≥ 38 . C) in the absence of a more likely clinical explanation
 - Refer initial testing to a commercial laboratory. Confirmatory testing of reactive specimens from a commercial laboratory will be available at PHL on a limited basis
 - Asymptomatic or non-neuroinvasive WNV disease with commercial laboratory evidence of WNV infection in:
 - o A pregnant woman
 - o A neonate or breastfeeding infant
 - o Someone who donated or received blood products in the previous month
 - o Someone who donated or received a tissue or organ transplant in the previous month
 - o Someone who has had occupational exposure to WNV (e.g., laboratory work with WNV, contact with infected animals, etc.)

^{*} If the patient has non-neuroinvasive disease, confirmatory testing at PHL will be based on availability



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- 4. Facilitate specimen submission to PHL: each specimen should be labeled with patient's name, date of birth, county of residence, specimen type, and date of collection
 - Submit ≥1 cc of CSF or serum (separated serum, not whole blood) for enzyme immunoassay (EIA) for WNV IgM antibodies
 - Serum specimens should be obtained ≥ 8 days after onset of symptoms
 - A second serum specimen may be requested if the initial specimen is indeterminate or was obtained <8 days after onset
 - CSF specimens obtained <8 days after onset of symptoms are acceptable, however, if non-reactive, this does not rule out WNV infection, and a serum specimen taken ≥8 days after onset will be requested
 - Specimens should be refrigerated and transported cold. Frozen CSF is acceptable. Avoid repeated freeze-thaw cycles.
 - Specimens should be submitted after approval by DOH Communicable Disease Epidemiology Section staff with a completed DOH PHL *Virus Examinations* form to the Washington State Department of Health Public Health Laboratories, 1610 NE 150th St, Shoreline, WA 98155. (Commercial and clinical laboratories have copies of these forms)
- 5. If a patient does not meet the criteria listed in #3 above, or if PHL testing is not available for a patient with non-neuroinvasive disease, testing can be performed at a commercial reference laboratory.
- 6. If you receive a report of a WNV infection from a commercial laboratory:
 - Fill out DOH "West Nile Virus Case Report Form"
 - If the patient meets clinical criteria for WNV neuroinvasive disease or is asymptomatic but meets the criteria listed in #3 above, request confirmatory serologic testing at PHL
 - o Most clinical laboratories will save specimens for 7-10 days
 - o Call the laboratory and request that the specimen be forwarded to PHL for testing
 - If the patient has non-neuroinvasive disease, confirmatory testing at PHL will be based on availability
 - Fax case report form and/or commercial laboratory reports on all suspected or laboratory-confirmed cases to DOH Communicable Disease Epidemiology Section 206.361.2930.

For additional clinical, laboratory, or epidemiologic information about West Nile virus, call DOH Communicable Disease Epidemiology: 206.361.2914 or toll free 877.539.4344, or visit our web site at: www.doh.wa.gov/Notify/nc/wnv.htm

